



policy points

Data Bank Tune-Up The National Practitioner Data Bank needs major improvements if it is to be reliable, says the United States General Accounting Office. You can help by checking your own record.

BY JEFF ATKINSON



A hospital filed a report with the National Practitioner Data Bank

(NPDB) that the hospital had restricted a practitioner's privileges because of poor record keeping. The practitioner disputed the report, saying that the hospital was only monitoring his record keeping, not restricting his privileges.

About a week later, the hospital tried to correct its initial report and requested that the NPDB delete the first report. In making that request, however, the hospital entered the wrong code number, and the

request was entered as a notification that the physician's license had been revoked. Ten months later, the NPDB report on the physician was still incorrect, showing that the physician's privileges were restricted and that his license was revoked.

In another case, a state reported that a physician's license had been surrendered twice in one week. The NPDB duly recorded the information even though the

license had been surrendered only once.

These examples of problems with the NPDB were cited in a 46-page report issued by the United States General Accounting Office (GAO) issued in November. The report is entitled "National Practitioner Data Bank - Major Improvements Are Needed to Enhance Data Bank's Reliability" (Report No. GAO-01-130). (The report is available on line at

www.gao.gov under the heading "GAO Reports" or at www.uoworks.com) www.gao.gov/new.items/d01130.pdf

Quality improvement

In establishing the data bank through the federal Health Care Quality Improvement Act of 1986, Congress hoped to limit the ability of incompetent practitioners to move from state to state or from job to job without disclosing their professional histories. The act required the Department of Health and Human Services to create a national data bank to track certain events related to health-care practitioners, in-

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cluding: payment of malpractice verdicts or settlements, revocation or suspension of license, revocation or limitation of staff privileges for more than 30 days, and exclusion from the Medicare and Medicaid programs. (See "What goes into the Data Bank" on page 17.)

Before granting staff privileges to a physician and every two years after granting privileges, hospitals are obligated to check the data bank for reports on that physician. HMOs, PPOs, employers, and prospective employers also have access to data bank records, although the general public and insurance companies do not. Physicians have a right to examine their own records.

To prepare its report on the NPDB, the General Accounting Office chose a representative month (September, 1999) during which 1,645 reports were submitted to the NPDB. The GAO then examined subsets of those reports to determine their accuracy, completeness, and timeliness.

The GAO offered three main recommendations to improve records in the NPDB: (1) increase the reporting of appropriate events; (2) implement a provision in the law requiring reports of adverse actions against nurses and other non-physician practitioners; and (3) improve the accuracy of the reports.

Malpractice under-reported

The GAO was concerned about the under-reporting of two types of information: medical malpractice payments and actions taken by hospitals to limit a physician's staff privileges for more than 30 days.

The GAO noted that the Health Resources Service Administration, which administers the NPDB for the Department of Health and Human Services, believed that some self-insured health plans, including HMOs,

do not make reports of malpractice payments, even though they are required to do so. The scope of the problem is difficult to determine, the report said. Insurance companies generally file the required reports.

An entity that fails to report a medical malpractice payment can be subject to a civil penalty of \$11,000 for each unreported payment, but the cost of levying and collecting the penalties often exceeds the amount recovered.

Another problem with under-reporting malpractice payments involves use of a "corporate shield." Soon after the data bank was established, it became common in settlements involving alleged malpractice by both a hospital and a physician for the party making the claim to drop the physician from the official claim, leaving only the name of the hospital or other corporate entity identified as the responsible party.

When this occurred, there would be no report to the NPDB since the law requires only reports of adverse actions against individual practitioners, not institutions.

The GAO recommends that peer-review organizations examine malpractice cases to determine which practitioners involved in malpractice settlements should be reported to the NPDB. The U.S. Department of Defense and Department of Veterans Affairs already have such a program in effect. Use of peer review to examine all malpractice settlements may require congressional action since the laws establishing the NPDB did not specifically provide for this.

Clinical privileges

When the data bank was established, government officials estimated that each year the data bank would receive between 5,000 and 10,000 reports of lim-

itations on staff privileges. In fact, the data bank has received fewer than 9,000 reports during its entire 10 years of operation. As of the end of 1999, 59.5 percent of all non-federal hospitals nationwide have never filed a report with the data bank regarding a hospital practitioner.

The GAO and the Department of Human Services believe that several factors contribute to this. The initial estimates may have been too high, but more likely, many institutions that are supposed to make reports, such as hospitals, are not. That problem may be reduced if a proposal is adopted to impose civil monetary penalties of up to \$25,000 for failure to report limitations on privileges. Currently, there are no monetary penalties for failure to report actions on staff privileges.

Another factor that may contribute to a low number of reports regarding staff privileges is changes in industry practice. Hospitals that in the past limited a physician's privileges for more than 30 days now may choose to reduce the period to 30 days or less to avoid the reporting requirements. In addition, actions that once might have been "limitations" now may be classified as "monitoring" or "training," which are not reportable events.

Reporting nurses

The federal law requiring reports to the NPDB regarding physicians was amended more than 10 years ago to require that reports also be made regarding nurses and other non-physician practitioners. Although the data bank tracks malpractice payments made on behalf of nurses and other practitioners, the data bank does not keep track of licensure actions against nurses and other non-physician practitioners.

The GAO's report said, "Today nurses

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What goes into the Data Bank

The National Practitioner Data Bank (NPDB) primarily tracks adverse actions taken against physicians, but it also collects data on other health-care practitioners, including dentists, nurses, chiropractors, podiatrists, and pharmacists. The following is the number and percent of reports in different categories for all practitioners from the NPDB from its opening on September 1, 1990 through December 31, 1999:

Report Type	Number	Percent
Medical malpractice payments	172,496	75.8
Licensure revocation/suspension*	33,124	14.6
Medicare/Medicaid exclusions (reports began in 1997)*	12,717	5.6
Clinical privilege suspension/limitation for 30 days or more*	8,587	3.8
Professional society membership revocation/suspension*	323	0.1
Drug Enforcement Agency actions	294	0.1
Total	227,541**	100

* The reports include some non-adverse actions, such as reinstatements and restorations of licenses and privileges, as well as adverse actions.

** Of the 227,541 reports, 172,209 reports were regarding physicians. The number of physicians with reports as of the end of 1999 was 104,678. Thus, the average number of reports on each physician

listed in the data bank is 1.65. According to the American Medical Association, there were 721,741 physicians practicing in the United States in 1999.

PRIMARY SOURCE: National Practitioner Data Bank 1999 Annual Report (Tables 1 and 2), available on line at <http://www.npdb.com>.

physicians to check their own files at the National Practitioner Data Bank. The fee for a practitioner to obtain her own report is \$10, and the form for ordering a report can be obtained on line at www.npdb.com under the heading of "Report & Query." For an extra \$10, a physician also can obtain her report from the Healthcare Integrity and Protection Data Bank.

To help ensure confidentiality, the form must be notarized and mailed to the NPDB contractor for processing.

Generally, if a report is erroneous, a practitioner should first ask the institution that filed the report to file a corrected report. If that does not work, the practitioner could seek an appeal to the NPDB.

It's important to note, however, that the NPDB will correct only clear or clerical errors, but not more subjective determinations such as whether or not malpractice was committed.

The reliability of the data bank is likely to improve thanks to new procedures enacted by the NPDB and new laws passed by Congress. But it is the nature of human institutions to make mistakes. Physicians, like everyone else, should be vigilant about the information that is passed on about them. ■

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and other licensed practitioners play an even more important role in the provision of health care" and thus the portion of the law regarding nurses and non-physician practitioners should be fully implemented.

Reporting too little too late

The GAO reviewed submissions to the data bank for completeness, accuracy, and timeliness. Approximately 76 percent of reports were for malpractice payments. Examining a sample of 250 submissions, the GAO found that almost all of the samples did not contain all seven items of information recommended by the NPDB's Guidebook.

The item most often left out was whether standard of care had been considered when the claim was settled or adjudicated. The other six items of recommended information are: patient age, patient gender, patient type (inpatient or outpatient), initial event (pro-

cedure/diagnosis), subsequent event, and damages.

The GAO also found that incorrect codes were entered on many reports. For example, physicians may be listed as having been reprimanded when, in fact, a restriction had been placed on their licenses. Duplicate entries were found. If a state or hospital sent multiple reports regarding a single incident, the data bank had often recorded each report as a separate incident.

Reports also were turned in late. Approximately 25 percent of malpractice reports and 30 percent of state licensure reports arrived after their due-dates. Malpractice reports are due 30 days after payment and state licensure reports are due within 15 days of the action.

Check your report

Because the reports are often inaccurate and incomplete, it is important for